

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>7-27-05</u>		2 Serial/Patent # <u>10/522001</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
<input checked="" type="checkbox"/>	Filing	<u>1</u>	<u>1-27-05</u>	\$ <u>100</u>					
<input type="checkbox"/>	Amendment			\$					
<input type="checkbox"/>	Extension of Time			\$					
<input type="checkbox"/>	Notice of Appeal/Appeal			\$					
<input type="checkbox"/>	Petition			\$					
<input type="checkbox"/>	Issue			\$					
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$					
<input type="checkbox"/>	Maintenance			\$					
<input type="checkbox"/>	Assignment			\$					
<input type="checkbox"/>	Other			\$					
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>					
		8 TO BE REFUNDED BY:							
10 REASON:		Treasury Check							
		<input checked="" type="checkbox"/> Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>			0	8	--	0	7
0	8	--	0	7	5	0			
<input type="checkbox"/> Duplicate Payment									
No Fee Due (Explanation):									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>							
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9740</u>							
OFFICE: <u>PCT</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: